



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PINNACLE HOSPITAL

City of Hospital: Crown Point

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Dave Black

Email Address: dblack@pinnaclehealthcare.net

Medicare Provider Number: 150166

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42097234
Outpatient Patient Service Revenue	\$33021383
Total Gross Patient Service Revenue	\$75118617

2. Deductions From Revenue

Contractual Allowance	\$50119278
Other Deductions	\$0
Total Deductions	\$50119278

3. Total Operating Revenue

Net Patient Service Revenue	\$24274276
Other Operating Revenue	\$1958500
Total Operating Revenue	\$26232776

4. Operating Expenses

Salaries and Wages	\$6713872	Employee Benefits	\$575349
Depreciation and Amortization	\$1566800	Interest Expense	\$1007202
Bad Debt	\$353212	Other Expenses	\$14781998
Total Operating Expenses	\$24998433		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1234343	Total Assets	\$22675421
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$31897583

Total Net Gains	\$1234343
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24789144	\$19583423	\$5205721
Medicaid	\$2253559	\$2073273	\$180286
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$48075915	\$28462864	\$19613051
Total	\$75118618	\$50119560	\$24999058

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$15028.12	\$0	
HCI Payments	\$0		
Subtotal	\$15028.12	\$0	\$15028.12
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$15028.12	\$0	\$15028.12
DSH Payments	\$0		
Subtotal	\$15028.12	\$0	\$15028.12
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$15028.12	\$0	\$15028.12

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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